


Application Type: SCHOLAR - DUE: 3/9/20 @ 5pm

CHARLOTTE – MECKLENBURG POLICE DEPARTMENT						Date(mm/dd/yyyy)	
Youth Envision Academy Summer Application							
Last Name:		First Name:		Middle Name:			
Date of Birth: Month: /Day: /Year:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Name You Prefer to be Called:		Home Phone #:		Participant's Cell Phone #:			
Street Address:		City:	County:	State:	Zip:	Apt. #:	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Pacific Islander							
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other							
Participant's Email Address:							
Do you have summer school? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, dates of school:							
Please list other dates unavailable for this Youth Envision Academy:							
Have you ever been diverted for a criminal or misdemeanor offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the date and a brief description of the incident (<i>Note: a "yes" response will NOT automatically exclude you from participating; however, a response which is not truthful will exclude you from participating</i>):							
Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your residence located on or near a bus or rail line? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No What school do you attend?		Grade level: <input type="checkbox"/> Rising 10 th Grader <input type="checkbox"/> Rising 11 th Grader <input type="checkbox"/> Rising 12 th Grader <input type="checkbox"/> Graduating Senior					
What is your anticipated graduation date: Month / Year							
Are you planning to apply to a college, university, or technical school after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No. If you responded "No", what are your plans after graduation?							
What agency recruited you to the Youth Envision Academy?							
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Briefly describe yourself - What are your strengths, talents, interests or activities, etc.?							
Briefly state why you want to participate in the Youth Envision Academy:							
Please list your career interests:							

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Youth Signature:				Date:	
PARENT/GUARDIAN INFORMATION					
Parent/Guardian Last Name:		First Name:		Middle Name:	
Relationship to you:		Home Phone #:	Cell Phone #:		Work Phone#:
Street Address:		City:		State:	Zip:
				Apt. #:	
Guardian's Email Address:					
Are you related to a CMPD Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No CMPD Employee's name:					

Consent:
<p>I do hereby consent and agree that Youth Envision Academy, and any of their affiliates, has permission to take photographs and/or audio of my child and/or my child's property to use for Youth Envision Academy educational, promotional, and/or marketing materials. I further consent that their name and identity may be revealed therein or by descriptive text or commentary. Neither individual addresses nor telephone numbers will be published within these materials.</p> <p>I do hereby give the Youth Envision Academy the right to exhibit any such works publicly or privately, including posting on the CMPD Website.</p> <p>I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me or my child.</p> <p>I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>

Please submit this application to your Youth Envision Academy liaison/agency representative along with a letter of recommendation from your HS School Counselor, Teacher, SRO or Program Coordinator.

Applications should be mailed to:
Charlotte-Mecklenburg Police Department
Attn: Cara Evans-Patterson
601 East Trade Street
Charlotte, NC 28202

Or scanned & emailed to:
CMPDEnvisionAcademy@cmpd.org